Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Washington State Republican Party 11811 NE 1st St ADDRESS (number and street) Ste A306 (Check if address is changed) Bellevue 98005-3033 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brady@wsrp.org (Check if address X is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.wsrp.org (Check if address is changed) DATE 01 2021 C00031088 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Brady, Daniel, J, Mr., Type or Print Name of Treasurer Brady, Daniel, J, Mr., [Electronically Filed] 02 08 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	L CTA L ' ' L DED L	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

	02/2009)	Page 3
Write or Type Committee Name		
Washington Sta	ate Republican Party	
_	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Take Back the House	2020 	
Mailing Address	PO Box 30844	
Mailing Address		
	Bethesda MD 20824-084	4
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lead	ership PAC Sponso
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE ZI	IP CODE
Treasurer : List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Brady, Dar of Treasurer	niel, J, Mr.,	
Mailing Address	11811 NE 1st St	
	Ste A306	
	Bellevue	3 -
	CITY STATE ZI	P CODE
Title or Position	CITY STATE ZI	I CODE

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
safety deposit boxes or	r maintains funds. tory, etc.	
safety deposit boxes or Name of Bank, Deposit	we maintains funds. tory, etc. 8T 1909 K Street NW	
safety deposit boxes or Name of Bank, Deposit	washington CITY Tory, etc. BT 1909 K Street NW 20006	6
Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	washington CITY STATE Morgan Chase Bank	6
Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. &T 1909 K Street NW Washington CITY STATE tory, etc. Morgan Chase Bank	
Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	washington CITY STATE Morgan Chase Bank	ZIP CODE

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: F1A Transaction ID:

Amended to change an email address and update bank address.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi r	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund DGERS WIN THE FUTURE FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 2485		
			<u> </u>
	Springfield	VA	22152-0485
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
E. II Manaa			
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address		STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or m	pries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the composition of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds. Bridge Bank	elephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraising	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected of Trump Victory	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spons
<u> </u>			
Mailing Address	138 Conant St		
	C/o Red Curve Solutions		
	Beverly	MA	01915-1666
		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Solution Joint by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identify Full Name	Organization Affiliated Committee X Joint		
Connected esignated Agent: Identify	Organization Affiliated Committee X Joint		
esignated Agent: Identify Full Name	Organization Affiliated Committee X Joint		
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY Te Tes: List all banks or other depositories in which to	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which to intains funds. One Bank	Fundraising Representa	Leadership PAC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	Take Back the Ho	ouse 2022		
	Mailing Address	PO Box 30844		
		Bethesda	MD	20824-
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representative	ve Leadership PAC Sponsor
8.		/ by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds. Fargo Bank	the committee deposits	funds, holds accounts, rents
	Mailing Address	8302 Woodmont Avenue		
	Mailing Address	8302 Woodmont Avenue		
	Mailing Address	8302 Woodmont Avenue Bethesda	MD	20814